



ABSENCE REQUEST AND AUTHORIZATION FORM

Date Request: _____

Name: _____

REQUEST FOR LEAVE:

To begin on: M _ T _ W _ Th _ F _ at _____ am/pm on _____

To end on: M _ T _ W _ Th _ F _ at _____ am/pm on _____

LEAVE TO BE CHARGED AS FOLLOWS:

_____ HRS ANNUAL LEAVE	_____ HRS MILITARY LEAVE
_____ HRS SICK LEAVE	_____ HRS LEAVE W/O PAY
_____ HRS COMP TIME	_____ HRS FUNERAL LEAVE
_____ HRS PERSONAL HOLIDAY	_____ HRS OTHER (explain)
TOTAL HOURS TAKEN: _____	

REMARKS/REASON: _____

		_____ Employee's Signature	_____ Date
Approved []	Disapproved []	_____ Immediate Supervisor	_____ Date
[]	[]	_____ Department Head	_____ Date

NOTES: Employees requesting annual leave in excess of 16 hours must turn in a leave form at least one week in advance. Annual leave under 16 hours must be requested 2 days in advance.

Employee must bring a certificate of illness signed by a licensed physician for sick leave in excess of 8 hours.

Employee knowing of a Doctor's appointment should submit leave form ahead of time.